depression!* Such is the statement which has been vaunted in all the foreign journals as a discovery in ophthalmic surgery, but which must raise a smile on the face of every well-educated or experienced practitioner. In the first place, any thickening or opacity of the capsule should be discovered before an operation is commenced; and although the actual amount of softening—whether the lens is absolutely fluid, or is of its natural consistence as in a young healthy person, or as soft as ordinary starch made for washing—cannot always be determined upon before the introduction of a needle, still it can in most cases be decided with tolerable accuracy beforehand. If the lens be fluid, to attempt this suction is a most unjustifiable, as well as most unnecessary procedure; for the simple introduction of a needle through the cornea, and the laceration of the capsule, will allow the fluid to become diffused with the aqueous humour, in which case it will sometimes be absorbed in the space of a few hours. Every operator of experience well knows, that, even in those cases of fluid cataract, it is necessary to lacerate both the anterior and posterior capsules freely. If this is not done they will, though not previously opaque, become so very shortly; and while the substance of the lens is absorbed, both capsules will adhere, and become remarkably opaque, often remaining in such cases like a piece of egg-shell, held behind the pupil by a very thin semi-transparent membrane. And as these will not absorb, and can with great difficulty be depressed, it is frequently necessary to remove them through an incision of the cornea. Now the very wound made by M. Blanchet's suction pump is just the thing to produce this opacity; moreover, there must be a greater violence and injury done to the eye by this complicated process, than even by the roughest attempts at breaking up, whether through the cornea or sclerotic. In a case of congenital cataract in a young woman aged 18, upon whom we operated last year, and of which an account will be shortly published, this peculiar phenomenon occurred. Upon drawing the cutting edge of the needle across the anterior capsule, its fluid contents immediately burst out, and mixed with the aqueous humour, rendering the latter the colour of skimmed milk, and completely obscuring the iris. Having placed a bandage upon the right eye, we then proceeded to operate upon the left, when the same phenomenon occurred. In the space of about four or five minutes we removed the bandage from the eye first operated upon, when lo! the entire opacity had disappeared, except a few specks which remained on the torn capsule, and nothing was to be seen in the anterior chamber but a few grains of a white powdery substance at the junction of the iris and cornea beneath; and then upon looking at the other eye, the same clearness was found to have taken place there also, and imperfect vision (for the patient had never seen before) was found to be established. Now we can only account for this rapid removal of the milky state of the aqueous humour, by supposing that the heavier particles which formed it subsided, and, falling through the dilated pupil (for the patient was in the recumbent position), had deposited behind the iris, as a mixture of flour and water will do, if allowed to remain undisturbed: or that some chemical action had occurred between the salts of the aqueous humour and the opaque particles of the cataract.—*Ibid.*

MIDWIFERY.

61. *Dropsy in Pregnancy.*—The Nos. *Archives Générales de Médecine* for Feb. and March 1848, contain an elaborate article on this subject, by Drs. Devillier and Regnauld. They consider a deficiency of albumen in the blood during pregnancy to be the chief predisposing cause of dropsical effusion. They state, as the result of twenty-five analyses of the blood, that, instead of the normal proportion of 70 parts of albumen in 1000 of the blood, there existed but 68.60 parts during the first seven months of gestation, and only 66.4 parts in the last two months: thus, that there is a difference of 4 parts in 1000 between the blood of an unimpregnated and of a pregnant woman, without any loss of albumen by the urine. The experimenters

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* Revue Médicale, for August, 1847; and Journal des Connaissances Médico-Chirurgicales, p. 109.

therefore concur in the opinions of MM. Becquerel and Rodier, and in the general proposition of M. Andral, that a deficiency of albumen is the only constant change in the blood necessarily associated with dropsy. The following principles are laid down:—1. That the proportion of albumen is notably lessened during pregnancy; 2, that the decrease which this material undergoes is gradual; 3, that the minimum exists during the last months of gestation.

The cause apparently most active in producing the dropsy is the impediment to the circulation resulting from the pressure of the enlarged uterus; and hence effusion first shows itself in the ankles and legs. That such pressure is not, however, the sole cause of œdema, is shown by the fact, that a direct relation between the size of the uterus and the amount of effusion is frequently unobserved. As proof of accidental circumstances, such as prolonged standing or sitting, or continued pressure on the abdomen, as impeding the circulation and of causing œdema, may be derived from the relative frequency of dropsical effusion in persons of easy and luxurious habits, as compared with the same individuals obliged to labour hard; the former are incomparably the more liable, even under identical conditions of the uterus. It follows, therefore, that the dropsy is due to other causes than those acting merely mechanically, and interfering with the return of blood; although the influence of the latter is shown by the variations the dropsy will undergo by changes of position of the body, and of the form and inclination of the uterus. The effusion makes its appearance, in nearly one half of the cases, between the seventh and the end of the ninth month of pregnancy; but it often shows itself from the fourth to the sixth month; and we are sometimes surprised to see its existence as early as the third month. In these latter cases it has, however, been observed, that the vessels have been greatly developed, and more particularly the veins, and that the evident difficulty in the circulation produced, at this period, the appearance of varicose swellings and serous infiltration. The œdema may pursue an acute or a chronic march; developing itself in one or two weeks, when gestation is far advanced, or gradually manifesting itself during the last three or four months; a difference depending on general and local conditions of the organism and the state of health. It has been said that the disappearance of the dropsy frequently coincided with the development of puerperal disease, and that puerperal fever was the result of a metastasis of the dropsy. But M. Devillier comes to the conclusion that the dropsy may pursue its course, whether retrograde or progressive, notwithstanding the manifestation of puerperal disease; and that puerperal maladies do not, either in their production or in their effects, present anything which can explain the transport of effusion into serous or visceral cavities. Thus, it is impossible to attribute, with M. Vasseux, to the metastasis of œdema, those grave accidents such as cerebral compression or pulmonary œdema, which so often end in the death of parturient women. In the way of treatment, rest in the horizontal posture, the avoidance of fatigue and constipation, with diuretics, are recommended in the slighter cases. In more severe forms of dropsy, and where plethora exists, bleeding; the employment of baths, vapour and hot, and of frictions; and if there be chlorosis, ferruginous tonics are suitable.

62. *On Phlebitis of the Brain and Meninges in Puerperal Women.* By Dr. F. M. Ducrest. (*Archives Générales*, Nov. 1847.)—According to the author, this affection in puerperal women is of rare occurrence, only five instances of it having occurred among 259 cases in which the head was examined after death. In one of these instances, the affection was not accompanied by any other cerebral disease; in the others, it occurred in combination with cerebral or meningeal inflammation.

The first case was a woman, æt. 19, presenting the appearance and physical signs of phthisis, who was delivered of a male infant at the eighth month, and afterwards became affected with frequent pulse, and a peculiar tremulous motion of the eyelids, lips and tongue. At first, there was no other symptom; but on the seventh day after delivery, there was an increase of the affection, with delirium, headache, and some convulsive movements of the limbs. On the ninth day the pulse and respiration were accelerated, jaws locked, tongue dry, articulation imperfect, but intelligence apparently unaffected. There was great feebleness of all the limbs, and nearly complete paralysis on the left side. In a few hours the pulse fell to sixty, the respiration became slow and laboured; soon after she died. On dissection, the meninges were perfectly healthy; the cerebral hemispheres also healthy: but on section of the right side of the pons varolii, and the cerebral and cerebellar peduncles of the same side, the vessels in the interior of these parts were found distended to the size of a large pin by firm, dark clots, which, when extricated, appeared as dark brown cylinders of above a centimetre (nearly half an inch) in length. Around these, the cerebral substance was of natural colour and consistence. The lungs were extensively tuberculated, and contained numerous caverns. On the right side of the uterus was found a quantity of pus, surrounded by a slate-coloured induration of the substance of the organ, two millimetres (one line) in thickness.

The second case was that of a woman, æt. 25, who was delivered naturally, but soon after was seized with pains of the hypogastrium and limbs. These were followed by shiverings, fetid diarrhœa, and colic pains. The milk was suppressed, and leech-bites on the abdomen suppurated. On the ninth day, the pains being mitigated, she had severe cough, with crepitant rale at the posterior and lateral parts of the right lung. From the fourteenth to the seventeenth day, the right buttock swelled, and became the seat of lancinating pain; a large quantity of pus, with fetid gases and sloughs of cellular tissue, were evacuated by incision. In the meantime there had been watchfulness and delirium, with gradually increasing loss of intelligence, and moderate cephalalgia. She died on the twenty-seventh day. The pulse varied between 108 and 140, and the respiration between 28 and 48. On dissection, there was considerable subarachnoid effusion; the veins of the pia mater, on the convexity of the right hemisphere, were filled with firm, friable adherent clots, of a whitish colour, extending in some places into the cortical substance, and being darker in colour there and in the anfractuosities. The cortical substance was somewhat softened, and of a reddish colour; white cerebral substance not altered. The lungs contained some tubercles, and the lower lobe of the right lung was the seat of lobular pneumonia; several of the vessels were filled with partially-softened clots. The venous sinuses and lymphatics of the uterus were filled with pus; the broad ligaments were also infiltrated with pus. The cellular tissue between the sacrum and the left great trochanter was gangrenous, and full of pus.

The third case presented successively hypogastric pain and tenderness, with numbness and painful swelling of all the extremities, beginning with the right arm, in which she had been bled. The cerebral symptoms and progress of the case were very similar to the last case, with the additional symptoms of vomiting before death, which happened on the seventeenth day from delivery. On examination, the veins of the right arm were swelled, and filled with pus; the left lateral sinus of the dura mater contained a light-coloured clot, and the veins of the posterior and inferior parts of the left cerebral hemisphere entering into this sinus were distended with dark blood firmly coagulated. There was extensive softening of the posterior part of the left hemisphere, which contained in its vessels numerous small clots. The vessels of the uterus contained pus, as in the last instance.

The fourth case commenced two days after delivery, with intense headache, convulsions, and transient stupor. On her removal to the hospital, the headache continued, with slow, troubled utterance, tenderness of the abdomen, and fever. She was bled, and the blood presented no buffy coat. An hour afterwards she had a convulsion, in all respects like an epileptic attack, with coma, lasting for a quarter of an hour, and up to the morning of the next day, she had twelve nearly similar convulsions. The abdominal pain continued, and she had a shivering. The fourth day after delivery there were immobility, insensibility, and a contraction of the right limbs, with perpetual agitation of the left, afterwards plaintive cries, coma, stertor, resolution of the right limbs, continued agitation of the left: pulse irregular, 140. Death occurred next morning. On examination, there were clots in the sinuses of the dura mater, and ecchymosis on the surface of the left hemisphere; the vessels of the pia mater in the neighbourhood of this ecchymosis, contained reddish clots; the pia mater, both externally and in the ventricles, infiltrated with pus. The lungs contained miliary tubercles. The cavity of the pelvis, and various parts of the peritoneal cavity, contained pus; the uterine tissue was healthy; some clots of blood were in the venous sinuses.

The fifth case occurred in a subject affected with extensive pulmonary disease, who was seized with headache, and most of the symptoms mentioned in the first three cases, while yet undelivered, though at the full term of pregnancy. The morbid changes were in great part similar to those previously described; but the amount of softening of the cerebral substance was greater than in any of the others, and the number of veins occupied by the firm coagula smaller; so that this case seems more important, in reference to the peculiarities of the disease, than any of the preceding.—*Ranking's Abstract*, vol. vii.

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63. *Kiestein as a Test of Pregnancy.*—Dr. Golding has published an elaborate paper, in which he seeks to establish the just value of this sign. He commences by noticing in turn the several indications usually relied upon, as auscultation, state of the breasts, suppression of the menses; and he proceeds to the consideration of kiestein in a series of sections, embracing the several questions of interest connected with its formation.

The presence of the sound of the fœtal heart is, of course, the most unequivocal sign of pregnancy; but this is only available after the fourth month. The placental souffle he shows to be less trustworthy. Of the state of the breasts, he observes that no indication can be more equivocal. His conclusions on this point are as follows:—

1st. These conditions are equivocal after first pregnancies, seeing that the areola has undergone changes in colour, is increased in size, and has its follicles enlarged: these states remain permanent, though if the mammæ be observed during subsequent pregnancies, these characters may be better marked; it is only comparison, therefore, that will avail for practical elucidation.

2d. If the changes induced by utero-gestation are permanent, diseases of the uterus, by affecting the breasts sympathetically, may induce congestion and other changes in them, similar if not identical with those produced by pregnancy.

3d. In some rare instances, the changes described by Dr. Montgomery are absent even in first pregnancies; the areola remaining unchanged, and the mammæ flabby, till the commencement of lactation.

4th. In persons of fair complexion, the areola may be increased in extent, and have its follicles hypertrophied, without material change of hue.

5th. In those of dark complexion, the areola is naturally of a darker colour, and has its follicles better developed than in fair persons.

6th. During functional derangements of the uterus, the breasts have been noticed to undergo changes not readily distinguishable from those existing during gestation.

In drawing practical deductions from the suppression of the menses, Dr. Golding takes the following circumstances into account:

1st. Whether or no the cause of suppressed catamenia during utero-gestation be due to impregnation; or to other causes, in which, however, certain of the phenomena also attending pregnancy co-exist.

2d. That in some females, the menses are not suppressed during pregnancy or during lactations. The menstruations occurring under such circumstances, whether uterine or vaginal, and whether dependent upon normal or abnormal causes, is attended with the same physiological effects, as in ordinary menstruation, both during its occurrence and accidental suppression.

3d. Any functional derangement of the uterus or other organ reacting upon that viscus may so affect it as to cause suppression of the menses.

4th. Sometimes the menses, though apparently, are not suppressed, being secreted, but not evacuated. The retention may cause vomiting, enlargement of the abdomen, sympathetic affections of the mammæ and stomach, with other effects also concomitants of the gravid uterus.

5th. That however strong a presumptive evidence of pregnancy cessation of the menses may afford, it can never be certain evidence, unless corroborated by auscultation, or the indications afforded by the urine.

After thus discussing the usual signs of pregnancy, and showing the inconclusiveness of each under certain circumstances, the author next proceeds to the main object of his communication, the value of kiestein as a test.

The chief value he shows to consist in its being available during the whole period of gestation; in its existence alike in first and subsequent pregnancies; its being uninfluenced by the age, temperament, or habits of the female; its being found in pregnancy alone, and disappearing during lactation. When this coexists with amenorrhœa, Dr. Golding looks upon it as the only conclusive evidence of pregnancy before the fifth month.

In his investigation of the cause of kiestein in the urine, the author examines it under two aspects; 1st, as a secretion of the mammary glands; which are eliminated from the kidneys, not as yet being required for the nutrition of the fœtus; 2d, in its identity with milk. He then inquires under what circumstances its presence is most conclusive of pregnancy; what is the reason of its inconclusiveness, and whether kiestein is ever absent in pregnancy, and if so, whether it is really absent or only obscured by other matters?

The pellicle is determined by him to be most conclusive of the existence of pregnancy; when the maternal and fœtal systems are in a healthy condition respectively, it is then rarely absent. He recommends that, in searching for it, the urine examined should be that voided some hours after a meal. Sediments of lithates render the appearance more or less obscure, and therefore the most favourable conditions for finding the pellicle are the healthy state of the mother and fœtus, a non-sedimentary state of urine, and its alkaline reaction.

The reasons of the inconclusiveness of the appearance of the pellicle as a test of pregnancy are thus summed up by the author.

The kiestein, viewed as a secretion from the mammary glands eliminated by the kidneys, is influenced, as other secretions, by those conditions of the system which derange assimilation generally. Such agencies may diminish or entirely suppress the secretion of kiestein; when diminished, it forms a scanty scum on the surface of the urine, or may be entirely absent as long as the general derangement lasts. A plethoric state of the system also, in which the red lithates abound, influences the secretion of kiestein. The pellicle may be absent while the lithates exist, or be so scanty as not to form a uniform film. The yellow lithates do not interfere with its formation to the same extent.

On the question whether kiestein is ever absent throughout the utero-gestation, the author comes to the conclusion that it is occasionally absent, but only temporarily. He does not think that it is ever absent throughout the whole period of pregnancy. The general conclusions derived from his observations are as follows:

1st. Coetaneous with, or shortly subsequent to conception, the breasts assume a secreting action; the product of which, eliminated by the kidneys, forms kiestein.

2d. If this action of the mamma be disturbed, it is the result of disease, and may be removed by appropriate treatment.

3d. Kiestein, though not apparent, may still not be absent, but may exist in such small quantities as not to be appreciable.

4th. The essential characters of the pellicle are its iridescence, fatty nature, and cheesy odour. It also prevents the urine becoming putrid for some time.

5th. As the secretion of kiestein is a vital phenomenon, resulting from conception, it is often available before other signs of pregnancy.—*Ranking's Report on Midwifery, &c.*, in *Abstract*, vol. vii. from *British Record of Obst. Med.*, No. 1, 3, 5, 7.

64. *Colour of the Vagina in Pregnancy.*—Dr. Albert states that of all the signs of pregnancy hitherto known, that derivable from the observation of the dark red colour of the vagina is the best, seen as it is by the aid of a speculum at so early a period of pregnancy, and proceeding progressively with the development of the uterus. He has tested its utility in about 30 cases, and has besides examined, with the same success, a great number of animals at various periods of gestation.—*Brit. and For. Med-Chirurg. Review*, July, 1848, from *Zeitschrift für Gebertskunde*, vol. xxiii. p. 449.

65. *Observations on the Influence of the Death of the Fœtus in relation to its retention*

in, or expulsion from, the Uterus.—Prof. Simpson, at a meeting of the Edinburgh Obstetrical Society, Feb. 9th, 1848, stated that "the general law which regulated the occurrence of labour in relation to the death of the fœtus, was well known to be this—1. That usually, in from one to three weeks after the fœtus died, uterine contractions supervened, and effected its expulsion. But to this very general law there were various exceptions. For, 2. If the embryo died in early embryonic life, and the fœtal appendages continued to live and vegetate, expulsion might not supervene for months. He showed a case of hydatiginous ovum, where the embryo was not larger than an embryo of the sixth week, but the placenta, or rather the chorion, was the seat of hydatiginous hypertrophy and degeneration; and the mother (a patient of Mr. Girwood's, of Falkirk) calculated that she had passed the usual term of utero-gestation, not having menstruated for eleven months previously to the expulsion of this diseased ovum. 3. When the fœtus dies from the third month onwards (in consequence either of disease in its own organization, in its umbilical cord, or in its placenta), and a second twin living fœtus exists at the same time in utero, and this second fœtus continues to grow and keep up a correspondence of development between the organ and its contents, the dead and undeveloped twin may be retained up to the full term of pregnancy, and be then born along with the other living and full-sized child. 4. When the dead fœtus is thus retained, it is preserved free from the decomposition usually following death by all access of air to it being prevented. Sometimes it retains its usually rounded appearance and form if it continues to be surrounded by a sufficient quantity of liquor amnii; but in other cases where this protecting medium of liquor amnii is defective, the fœtus becomes gradually more and more squeezed between two forces,—viz. the parietes of the uterus on one side of it, and the other living twin or its membranes on the opposite side; and at last, when born, it is found compressed and *flattened* in form. Two such flattened fœtuses are in the University Museum; and many such cases are on record. 5. The birth of such undeveloped dead twins had sometimes given rise to most groundless and erroneous ideas of the existence of superfœtation. 6. Occasionally when one of twins died early in pregnancy, it was after a time expelled (when it happened to be situated near or over the os uteri); afterwards the uterus closed, and pregnancy went on to the full time with the remaining living child. He mentioned a case of a lady aborting of a fœtus about the third month, going on in pregnancy to the full time, and then being delivered of twins; having originally conceived of triplets. 7, This last circumstance evidently led to the practical deduction—that when a dead fœtus in its envelopes was expelled during the currency of pregnancy, and the uterus notwithstanding still remained large and apparently distended, its further contents should not be in any way interfered with; but rest and other means employed to avert the excitement of any additional uterine contraction, under the hope that a living twin might still be retained, and be carried onwards to the full term of utero-gestation.—*Monthly Journ. Med. Sci.*, May, 1848.

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66. *Epidemic Abortion.*—Dr. Schweich observes that a great number of abortions occurred at one time in his practice very near to each other, the women not having been heretofore liable to the accident, nor yet exposed to any exciting cause of its production. He is disposed to refer them to atmospheric causes, such as are capable of inducing epidemics. The winter had been warm and wet, and the spring dry, thus offering a confirmation of the aphorism of Hippocrates, "*At si hiems austrina, et valde pluvia, et placida fuerit, ver autem plus justo siccum et aquilonium, mulieres quidem, quibus partus ad ver imminet, ex quâvis causâ abortiunt.*" Witte, too, states that, under the same circumstances, numerous abortions occurred at Jena in 1686.—*Ibid.*, from *Casper's Wöchenschrift*, No. 7.

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67. *Excessive Itching occurring during successive Pregnancies and producing repeated Abortions.*—M. Maslieurat Lagemard relates, in the *Gazette Médicale*, a very remarkable case of this character. The subject of it was a female of small stature, and of a nervous temperament, having a fair and beautiful skin, without any appearance of eruption. She became pregnant for the first time at the age of twenty-one, and everything went on regularly until the sixth month, at which period a smart itching came in the skin over the whole body. This by degrees became

more severe, and towards the eighth month it became insupportable, particularly in the palms of the hands and over the abdomen, obliging her to scratch herself furiously, and finally this brought on the expulsion of a dead child. Throughout all this the skin remained fair, transparent, and without the least appearance of any eruption; immediately the child was expelled, the itching ceased, as if by enchantment. Some time after this she again became pregnant, and again, about the sixth month, the itchiness of the skin began, and by degrees acquired an extreme intensity, occasioning the expulsion of a dead child in the middle of the eighth month. She was scarcely delivered when the itchiness ceased. In the third pregnancy nothing particular occurred for eight months and a half, when the itchiness began, but had not arrived at its usual degree of intensity at the ninth month, when her accouchement took place favourably. The fourth pregnancy resembled the first, and she brought fourth a dead child at seven and a half months. The fifth pregnancy resembled the third, and she again was delivered of a healthy child. The sixth, seventh, and eighth, did not differ much from the two first in their character or consequences. In all these pregnancies the itchiness had occupied the whole surface of the body long before it invaded the palms of the hands; and it was only after the palms became affected that it acquired its greatest intensity. In the two instances where she went to her full time, the palms had remained exempt from the itchiness.—*Dub. Med. Press*, June 28, 1848.

68. *Condition of the Internal Face of the Uterus after Parturition.*—Dr. Colin, in a memoir read to the French Academy of Med. (Aug. 1848) stated, that his numerous researches had led him to conclude in contradiction to the greater number of modern accoucheurs—1. That it is not true that after parturition the muscular textures of the inner surface of the womb are denuded. 2. That a membranous and vascular layer remains even in cases of premature delivery. 3. That layer does not differ from the uterine surface of the decidua. 4. That the vascular remnant not only is not altogether destroyed by suppuration, but becomes the seat of the healing process, by which the uterine mucous membrane is reconstructed; an event which takes place between the twentieth and thirtieth day after parturition, and which is completed only after the termination of the second month following delivery.—*Med. Times*, Sept. 9th, 1848.

69. *Fracture of the Cranium before Delivery in a Fœtus at the full time.* By M. Blot.—A woman, æt. twenty-seven, who had been in labour for a short time,—having the os uteri somewhat dilated, and the membranes still entire,—fell from a second story, and fractured the right thigh. When carried into bed and examined, the child's head was found low down in the pelvis, and the bones crepitated as if broken in several parts. The child was delivered by the forceps; it was still-born. There was a great effusion of blood below the scalp; the parietal bones were broken into several parts. The dura mater and meninges were unhurt.—*Monthly Retros.*, Sept. 1848, from *Archives Générales de Méd.*, June 1848.

MEDICAL JURISPRUDENCE AND TOXICOLOGY.

70. *Crystals of Daturine from the Urine of a Man poisoned by Stramonium.*—The following remarkable case is related by Robert Allan, Staff Surgeon, 2d class, as occurring in the Mauritius. An Indian labourer, named Hitoo, was condemned by the Court of Assizes to ten years' hard labour in chains. He worked very unwillingly for about a month, and was brought into the Infirmary, on the 10th of February, 1846, in a state of insensibility, with stertorous breathing, dry, black tongue, injected conjunctiva and dilated pupils, ranging from 100 to 120. He was said to have eaten stramonium, which grows where he was sent to work that morning, six hours and a half previously.

The stomach-pump was applied, which brought up many entire seeds, and fragments of seeds, of the datura stramonium, but the action of the heart soon became more feeble, and notwithstanding the administration of stimulants, he continued to sink, and died an hour after admission, being about seven and a